

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

FILED SMB
2/27/2023
THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

KRISTEN NICOLE PETRUS

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: 1:22CV-6853

(To be supplied by the Clerk of this Court)

SILVER CROSS HOSPITAL AND MEDICAL CENTERS

VINCE PRYOR

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

X

OTHER (cite statute, if known)

Title VII of the Civil Rights Act of 1964

Americans with Disabilities Act or Rehabilitation Act

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

- A. Name: KRISTEN NICOLE PETRUS
- B. List all aliases: _____
- C. Prisoner identification number: _____
- D. Place of present confinement: _____
- E. Address: 1415 23rd Street Peru, Illinois 61354

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: SILVER CROSS HOSPITAL AND MEDICAL CENTERS
Title: ENTITY
Place of Employment: _____
- B. Defendant: VINCE PRYOR
Title: DIRECTOR
Place of Employment: SILVER CROSS HOSPITAL AND MEDICAL CENTERS
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: PETRUS V. CROSS HOSPISILVER TAL
AND MEDICAL CENTER, VINCE PRYOR 1:22CV-6853
- B. Approximate date of filing lawsuit: 12/2/2022
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: KRISTEN N PETRUS
- D. List all defendants: SILVER CROSS HOSPITAL AND MEDICAL CENTERS
VINCE PRYOR
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): UNITED STATES DISTRICT COURT FOR NOTHERN ILLINOIS
- F. Name of judge to whom case was assigned: JUDGE ALONSO MAGISTRATE JUDGE VALDEZ
- G. Basic claim made: EMPLOYMENT DISCRIMINATION
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): PENDING
- I. Approximate date of disposition:

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

THE DEFENDANTS WOULD NOT ACCEPT ANY MEDICAL EXEMPTION OR RELIGIOUS EXEMPTION
THAT ARE PROTECTED UNDER FEDERAL LAW. THE DEFENDANTS STATED THEY
DID NOT NEED TO PROVIDE MEDICAL OR RELIGIOUS EXEMPTION TO CONTRACT EMPLOYEES
THE DEFENDANT WOULD NOT PROVIDE ANY MEDICAL OR RELIGIOUS EXEMPTION FORM TO
ME, THE PLAINTIFF TO CONSIDER MY DISABILITY OR RELIGIOUS BELIEFS. IN ORDER TO PROVIDE
ME WITH THE ACCOMODATION I NEEDED TO KEEP ME SAFE, AND SO I COULD PRACTICE MY RELIGION.
THE DEFENDANTS TERMINATED MY EMPLOYMENT CONTRACT AFTER I REQUESTED MEDICAL
AND RELIGIOUS EXEMPTION FORMS, AND INFORMED THEM I COULD NOT RECIEVE THE COVID 19
VACCINE.

Violation of Title VII of the Civil Rights Act of 1964

Violation of Americans with Disabilities Act or Rehabilitation Act

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[illegible]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

TO PAY COMPENSATION IN THE AMOUNT OF THE EMPLOYMENT CONTRACT TO WHICH THE PLAINTIFF WAS ORIGINAL OFFERED. AMOUNT OF \$36,400 USD, \$500,000 USD IN DAMAGES AND ANY APPLICABLE LEGAL FEES THE COURT SHALL ALLOW.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 27 day of Feb., 2023

Kristen Petru

(Signature of plaintiff or plaintiffs)

KRISTEN PETRU

(Print name)

(I.D. Number)

1415 23RD STREET, PERU ILLINOIS 61354

(Address)